

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Attorney Docket CE11195R/10-169

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## HANDOVER METHOD AND APPARATUS

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the specification of which is attached hereto unless the following box is checked:								
was filed on International Application Number					Number	or PCT		
I hereby state that I including the claims, a	have reviewed	l and understa	و و المام		dentified spe	 ecification,		
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.								
I hereby claim foreign application(s) for pater application for patent optionity is claimed.	priority benefing or inventor's co	fits under Title s certificate liste ertificate having	35, United State ed below and ha	es Code, §119 ave also identifi fore that of the	(a)-(d) of ar ed below ar application	ny foreign ny foreign on which		
Prior Foreign Application Number(s)	Col	untry	Foreign Filing D (MM/DD/YYY)	() Claimed	Ot Attac	d Copy hed? NO		
I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.								
	Application Number(s) Filing Date (MM/DD/YYYY			111/000000	<del>_</del>			
			ining Date (WIVI/L		4			
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I hereby claim the bene listed below and, insofa the prior United States a Code, § 112, I acknowle Title 37, Code of Federa application and the natio	application in the dge the duty to all Regulations, nal or PCT into	ne manner provo o disclose inform § 1.56 which be ernational filing	ided by the first mation which is necessary available date of this appli	of this application this paragraph of Tinaterial to pater	on is not disc tle 35, Unite	closed in distance of the dist		
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)				

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

## **Customer Number 23400**

Direct all correspondence to: Customer Number 23400

Direct telephone calls to: (703) 707-9110

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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